

## CABINET FOR HEALTH AND FAMILY SERVICES

### First Steps Provider Agreement Electronic Media Addendum

This addendum to the Provider Agreement is made and entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services, hereinafter referred to as the Cabinet, and \_\_\_\_\_ hereinafter referred to as the Provider.

### WITNESSETH, THAT:

Whereas, the Cabinet for Health and Family Services in the exercise of its lawful duties in relation to the administration of the Kentucky First Steps, Kentucky Early Intervention Program (KEIP), is required by applicable federal and state regulations and policies to enter into Provider Agreements; and

Whereas, the above-named Provider participates in the First Steps, KEIP.

Now, therefore, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

1. The Provider:
  - A. Desires to submit claims for services provided to recipients of the First Steps Program via electronic media rather than via paper forms rescribed by the Central Billing Information System (CBIS).
  - B. Agrees to assume responsibility for all electronic media claims, whether submitted directly or by an agent.
  - C. Acknowledges that the Provider's signature on the Agreement Addendum constitutes compliance with the following certification required of each individual claim transmittal by electronic media: "This is to certify that the transmitted information is true, accurate, and complete and that any subsequent transactions which alter the information contained therein will be reported to the KEIP. I understand that payment and satisfaction of these claims will be from Federal and State Funds and that any false claims, statements, or documents or concealment of a material fact, may be prosecuted under applicable Federal and State Law."

- D. Agrees to use CBIS submittal procedures and record layouts as defined by the CBIS.
- E. Agrees to refund any payments that result from claims being paid inappropriately or inaccurately.
- F. Acknowledges that upon acceptance of this Agreement Addendum by the Cabinet said Addendum becomes part of the previously executed Provider agreement. All provisions of the Provider Agreement remain in force.

2. The Cabinet:

- A. Agrees to accept electronic media claims for services performed by this Provider and to reimburse the provider in accordance with established policies.

Either party shall have the right to terminate this Addendum upon written notice without cause.

PROVIDER  
SERVICES

BY: \_\_\_\_\_  
Signature of Provider

CABINET FOR HEALTH AND FAMILY

BY: \_\_\_\_\_  
Signature of Authorized Official or Designee

Title: \_\_\_\_\_

Name: Ruth Ann Shepherd, MD

Date: \_\_\_\_\_

Title: Director

Telephone No. \_\_\_\_\_

Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_